

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

**WESTERN DISTRICT OF TEXAS**Case number (if known): \_\_\_\_\_ Chapter **11**☐ Check if this is an amended filingOfficial Form 201**Voluntary Petition for Non-Individuals Filing for Bankruptcy****04/20**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name **New York Hospitality, JV**
2. All other names debtor used in the last 8 years **dba a Days Inn; fka New York Hospitality Joint Venture; dba Days Inn South; dba Days Inn by Wyndham Austin South**  
  
Include any assumed names, trade names and *doing business as* names
3. Debtor's federal Employer Identification Number (EIN) **7 4 - 2 7 4 1 4 0 8**
4. Debtor's address
 

<b>Principal place of business</b>  <b>4220 S Interstate Hwy 35</b> Number Street    <b>Austin TX 78745</b> City State ZIP Code  <b>Travis</b> County	<b>Mailing address, if different from principal place of business</b>  <b>2 Scenic Way</b> Number Street  P.O. Box   <b>Monroe NJ 08831</b> City State ZIP Code  <b>Location of principal assets, if different from principal place of business</b>  Number Street   City State ZIP Code
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5. Debtor's website (URL) \_\_\_\_\_
6. Type of debtor
 

☐ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☒ Partnership (excluding LLP)  
☐ Other. Specify: \_\_\_\_\_

Debtor **New York Hospitality, JV**

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business***A. Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☒ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

*B. Check all that apply:*

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

\_\_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

*Check one:*

- ☐ Chapter 7  
☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
  
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, AND IT CHOOSES TO PROCEED UNDER SUBCHAPTER V OF CHAPTER 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

Debtor New York Hospitality, JV

Case number (if known) \_\_\_\_\_

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

If more than 2 cases, attach a separate list.

☒ No☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYYDistrict \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYYDistrict \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

List all cases. If more than 1, attach a separate list.

☒ No☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

**11. Why is the case filed in this district?***Check all that apply:*☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

Debtor **New York Hospitality, JV**

Case number (if known) \_\_\_\_\_

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other \_\_\_\_\_**Where is the property?**

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds**

Check one:

☒ Funds will be available for distribution to unsecured creditors.☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.**14. Estimated number of creditors**☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5,001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated assets**☐ \$0-\$50,000☐ \$50,001-\$100,000☐ \$100,001-\$500,000☐ \$500,001-\$1 million☒ \$1,000,001-\$10 million☐ \$10,000,001-\$50 million☐ \$50,000,001-\$100 million☐ \$100,000,001-\$500 million☐ \$500,000,001-\$1 billion☐ \$1,000,000,001-\$10 billion☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0-\$50,000☐ \$50,001-\$100,000☐ \$100,001-\$500,000☐ \$500,001-\$1 million☒ \$1,000,001-\$10 million☐ \$10,000,001-\$50 million☐ \$50,000,001-\$100 million☐ \$100,000,001-\$500 million☐ \$500,000,001-\$1 billion☐ \$1,000,000,001-\$10 billion☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion

Debtor New York Hospitality, JV

Case number (if known) \_\_\_\_\_

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/06/2020

MM / DD / YYYY

**X /s/ Piyush Parikh**

Signature of authorized representative of debtor

**Piyush Parikh**

Printed name

**Its General Partner**

Title

**18. Signature of attorney**

**X /s/ B. Weldon Ponder, Jr.**

Signature of attorney for debtor

Date 07/06/2020

MM / DD / YYYY

**B. Weldon Ponder, Jr.**

Printed name

**B. Weldon Ponder, Jr., Attorney at Law**

Firm name

**4408 Spicewood Springs Road**

Number Street

**Austin**

City

**TX**

State

**78759**

ZIP Code

**(512) 342-8222**

Contact phone

**welpon@austin.rr.com**

Email address

**16110400**

Bar number

State

**Fill in this information to identify the case**

Debtor name New York Hospitality, JV

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206A/B****Schedule A/B: Assets -- Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

**2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. <u>Checking account; credit card receipts also process through this account.</u>	<u>Checking (operating) account</u>	<u>8 0 1 8</u>	<u>\$530.14</u>
3.2. <u>Checking account; credit card receipts also process through this account.</u>	<u>Checking (petty cash) account</u>	<u>3 9 8 9</u>	<u>\$20.26</u>

**4. Other cash equivalents (Identify all)**

Name of institution (bank or brokerage firm)

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$550.40****Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.



Debtor **New York Hospitality, JV** Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
Furnishings for 62 hotel rooms, including linens and carpet - see attached list.	07/01/2020		Original cost	\$177,035.00
Equipment in 62 hotel rooms, including air conditioners and door locks - see attached list.	07/01/2020		Original cost	\$98,595.00
Supplies in 62 hotel rooms: 62 @ \$300 ea. - towels, soap, shampoo, coffee, bath mats	07/01/2020		Original cost	\$18,600.00
23. Total of Part 5				<b>\$294,230.00</b>
Add lines 19 through 22. Copy the total to line 84.				
24. Is any of the property listed in Part 5 perishable?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____				
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

### Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6.			<b>\$0.00</b>
Add lines 28 through 32. Copy the total to line 85.			
34. Is the debtor a member of an agricultural cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			



Debtor **New York Hospitality, JV** Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No  
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

### Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
Furniture in office/frontdesk area - see attached list.		Original cost	\$3,400.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
Equipment in office/front desk area - see attached list.		Original cost	\$6,100.00
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			<b>\$9,500.00</b>

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

### Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes. Fill in the information below.

Debtor **New York Hospitality, JV** Case number (if known) \_\_\_\_\_  
Name

**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

**Equipment in laundry room, hallways, etc. - see attached list.**

**Original cost**

**\$42,400.00**

**Equipment, etc., for exterior of property - see attached list.**

**Original cost**

**\$3,650.00**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$46,050.00**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No  
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.  
☒ Yes. Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

**Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.

**Nature and extent of debtor's interest in property**

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

55.1. **4220 S. Interstate Hwy. 35, Austin, Texas 78745**  
**4220 S. Interstate Hwy. 35, Austin, Texas 78745**  
**Lot C, of Interstate 35 Industrial Park II, a subdivision in Travis County, Texas, according to the map or plat of record in Volume 79, Page 375, of the Plat Records of Travis County, Texas.**

**Fee simple owners**

**\$5,240,000.00**

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$5,240,000.00**

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☐ No  
☒ Yes

Debtor **New York Hospitality, JV** Case number (if known) \_\_\_\_\_  
Name

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No  
☒ Yes

### Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
License to use "Days Inn" logo and other intellectual property, reservation system, etc., per franchise agreement with Days Inn Worldwide, Inc.			Unknown
License with the City of Austin to operate a hotel.			Unknown

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

**\$0.00**

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

### Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)

Debtor New York Hospitality, JV Case number (if known) \_\_\_\_\_  
Name

Book entry for notes and accounts receivable from related entities, which have all been liquidated and dissolved. Debtor believes none are collectible.

<u>\$137,156.00</u>	—	<u>\$137,156.00</u>	= →	<u>\$0.00</u>
Total face amount		doubtful or uncollectible amount		

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

<u>Commercial liability policy with Gotham Insurance Company</u>	<u>\$0.00</u>
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<u>Commercial property insurance policy with Gotham Insurance Company</u>	<u>\$0.00</u>
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74. Causes of action against third parties (whether or not a lawsuit has been filed)

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed Examples: Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

<u>\$0.00</u>
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79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

Debtor **New York Hospitality, JV** Case number (if known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$550.40</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$2,950.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$294,230.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$9,500.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$46,050.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> →		<u>\$5,240,000.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$353,280.40</u>	+ 91b. <u>\$5,240,000.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$5,593,280.40</u>

### Schedule B Question 22

	ITEM	QTY	@ \$/EA.	TOTAL VALUE
<b>ROOMS</b>				
<b>Furnishings</b>	Bedding (mattresses and mattress pads)	75	\$350.00	\$26,250.00
	Bed frames and head boards	62	\$40.00	\$2,480.00
	Bed linens (sets of pillows, sheets and pillow cases, bedspreads and skirts)	100	\$250.00	\$25,000.00
	Chairs	62	\$40.00	\$2,480.00
	Lamps	150	\$25.00	\$3,750.00
	Lamp stands	150	\$30.00	\$4,500.00
	TV tables	63	\$350.00	\$22,050.00
	Vanities (incl. light fixtures, mirrors and installation costs)	62	\$600.00	\$37,200.00
	Artwork	124	\$50.00	\$6,200.00
	Window curtains	1	\$15,000.00	\$15,000.00
	Shower curtains	75	\$15.00	\$1,125.00
	Carpet (incl. installation cost)	62	\$500.00	\$31,000.00
				<b>\$177,035.00</b>
<b>Equipment</b>	TVs	63	\$275.00	\$17,325.00
	TV remotes	100	\$75.00	\$7,500.00
	Telephones	75	\$50.00	\$3,750.00
	Refrigerators	62	\$100.00	\$6,200.00
	Microwaves	75	\$100.00	\$7,500.00
	Coffee machines	62	\$20.00	\$1,240.00
	Irons	70	\$50.00	\$3,500.00
	Ironing boards & covers	70	\$20.00	\$1,400.00
	Door locks	70	\$150.00	\$10,500.00
	Air conditioners (incl. installation)	64	\$620.00	\$39,680.00
				<b>\$98,595.00</b>

**Schedule B Question 22**

ITEM		QTY	@ \$/EA.	TOTAL VALUE
<b>ROOMS</b>				
<b>Equipment</b>	TVs	63	\$275.00	\$17,325.00
	TV remotes	100	\$75.00	\$7,500.00
	Telephones	75	\$50.00	\$3,750.00
	Refrigerators	62	\$100.00	\$6,200.00
	Microwaves	75	\$100.00	\$7,500.00
	Coffee machines	62	\$20.00	\$1,240.00
	Irons	70	\$50.00	\$3,500.00
	Ironing boards & covers	70	\$20.00	\$1,400.00
	Door locks	70	\$150.00	\$10,500.00
	Air conditioners (incl. installation)	64	\$620.00	\$39,680.00
				<b>\$98,595.00</b>

**Schedule B Question 39**

ITEM		QTY	@ \$/EA.	TOTAL VALUE
<b>FRONT DESK/OFFICE/LOBBY/GYM/HALLWAYS</b>				
<b>Lobby &amp; Office Furniture</b>	Table	1	\$500.00	\$500.00
	Office chairs	4	\$100.00	\$400.00
	Couch In Lobby	1	\$300.00	\$300.00
	TV	1	\$400.00	\$400.00
	Office table	1	\$1,000.00	\$1,000.00
	Office chairs	4	\$100.00	\$400.00
	Office cabinets	2	\$200.00	\$400.00
				<b>\$3,400.00</b>



**Schedule B Question 41**

ITEM		QTY	@ \$/EA.	TOTAL VALUE
<b>FRONT DESK/OFFICE/LOBBY/GYM/HALLWAYS</b>				
<b>Lobby &amp; Office Equipment</b>	Office computer 1	1	\$500.00	\$500.00
	Office computer 2	1	\$500.00	\$500.00
	Office computer 3	1	\$900.00	\$900.00
	Fax Machines	2	\$500.00	\$1,000.00
	Printers	2	\$500.00	\$1,000.00
	Monitors	3	\$200.00	\$600.00
	Door lock key machines	2	\$150.00	\$300.00
	Coffee machine	1	\$300.00	\$300.00
	Juice machine	1	\$500.00	\$500.00
	Large refrigerator	1	\$500.00	\$500.00
				<b>\$6,100.00</b>

**Schedule B Question 50**

ITEM	QTY	@ \$/EA.	TOTAL VALUE
<b>OTHER EQUIPMENT</b>			
Clothes washer	1	\$12,500.00	\$12,500.00
Clothes washer	1	\$900.00	\$900.00
Clothes dryer	1	\$8,500.00	\$8,500.00
Maid carts	3	\$200.00	\$600.00
Vacuum cleaners	6	\$200.00	\$1,200.00
Exercise machines	2	\$5,000.00	\$10,000.00
Fire extinguishers	6	\$100.00	\$600.00
Security camera system (incl. installation cost)	1	\$7,500.00	\$7,500.00
Ice machines	6	\$100.00	\$600.00
			<b>\$42,400.00</b>

**Schedule B Question 50**

ITEM	QTY	@ \$/EA.	TOTAL VALUE
<b>EXTERIOR</b>			
Lawn mower	1	\$200.00	\$200.00
Parking lot light fixtures	6	\$300.00	\$1,800.00
Parking lot/entrance sign	1	\$500.00	\$500.00
Lights for trees	20	\$50.00	\$1,000.00
Trash cans	6	\$25.00	\$150.00
			<b>\$3,650.00</b>

**Fill in this information to identify the case:**

Debtor name New York Hospitality, JV

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

- 2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral.

*Column B*  
**Value of collateral that supports this claim**

- 3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$2,900,237.14

Debtor New York Hospitality, JV

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

2.1	<b>Creditor's name</b> <b>HDDA - Austin, LLC</b>	<b>Describe debtor's property that is subject to a lien</b> <b>All real and substantially all personal property</b>	<b>\$2,800,000.00</b>	<b>\$5,593,280.40</b>
	<b>Creditor's mailing address</b> <b>350 Park Avenue, 16th Floor</b>	<b>Describe the lien</b> <b>Agreement</b>		
	<b>New York NY 10022</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Creditor's email address, if known</b>	<b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Date debt was incurred</b> <u>02/25/2019</u>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Last 4 digits of account number</b> _____			
	<b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.			

For 4220 S. Interstate Hwy. 35, Austin, Texas 78745: 1) Travis County Tax Office; 2) Travis County Tax Office; 3) HDDA - Austin, LLC. For Furnishings for 62 hotel rooms, including linens and carpet : 1) HDDA - Austin, LLC; 2) OnDeck Capital, Inc.. For Checking account; credit card receipts also process through : 1) HDDA - Austin, LLC; 2) OnDeck Capital, Inc.. For Checking account; credit card receipts also process through : 1) HDDA - Austin, LLC; 2) OnDeck Capital, Inc.. For Deposit with Austin Energy (City of Austin Utilities): 1) HDDA - Austin, LLC; 2) OnDeck Capital, Inc.. For Deposit with Texas Gas Service : 1) HDDA - Austin, LLC; 2) OnDeck Capital, Inc.. For Equipment in 62 hotel rooms, including air conditioners and : 1) HDDA - Austin, LLC; 2) OnDeck Capital, Inc.. For Supplies in 62 hotel rooms: 62 @ \$300 ea. - towels, soap, sh: 1) HDDA - Austin, LLC; 2) OnDeck Capital, Inc.. For Furniture in office/frontdesk area - see attached list.: 1) HDDA - Austin, LLC; 2) OnDeck Capital, Inc.. For Equipment in office/front desk area - see attached list.: 1) HDDA - Austin, LLC; 2) OnDeck Capital, Inc.. For Equipment in laundry room, hallways, etc. - see attached lis: 1) HDDA - Austin, LLC; 2) OnDeck Capital, Inc.. For Equipment, etc., for exterior of property - see attached lis: 1) HDDA - Austin, LLC; 2) OnDeck Capital, Inc.. For License to use "Days Inn" logo and other intellectual prope: 1) HDDA - Austin, LLC; 2) OnDeck Capital, Inc.. For Book entry for notes and accounts receivable from related en: 1) HDDA - Austin, LLC; 2) OnDeck Capital, Inc.. For Commercial liability policy with Gotham Insurance Company: 1) HDDA - Austin, LLC; 2) OnDeck Capital, Inc.. For Commercial property insurance policy with Gotham Insurance Company: 1) HDDA - Austin, LLC; 2) OnDeck Capital, Inc.. For License with the City of Austin to operate a hotel.: 1) HDDA - Austin, LLC; 2) OnDeck Capital, Inc..

Debtor New York Hospitality, JV

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.

**Column B**  
**Value of collateral that supports this claim**

<b>2.2</b>	<b>Creditor's name</b> <u>OnDeck Capital, Inc.</u> <b>Creditor's mailing address</b> <u>1400 Broadway</u>  <u>New York City NY 10018</u> <b>Creditor's email address, if known</b>  <b>Date debt was incurred</b> <u>9/26/2018</u> <b>Last 4 digits of account number</b> <u>4 6 9 2</u> <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	<b>Describe debtor's property that is subject to a lien</b> <u>Substantially all personal property assets</u> <b>Describe the lien</b> <u>Agreement</u> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$14,725.00</u>	<u>\$353,280.40</u>
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<b>2.3</b>	<b>Creditor's name</b> <u>Travis County Tax Office</u> <b>Creditor's mailing address</b> <u>PO Box 149328</u>  <u>Austin TX 78714-9328</u> <b>Creditor's email address, if known</b>  <b>Date debt was incurred</b> <u>01/01/2019</u> <b>Last 4 digits of account number</b> <u>0 0 0 0</u> <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	<b>Describe debtor's property that is subject to a lien</b> <u>4220 S Interstate Hwy 35, Austin, Texas 78745</u> <b>Describe the lien</b> <u>Property Taxes / Statutory Lien</u> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$39,397.52</u>	<u>\$5,240,000.00</u>
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This claim is for 2019 ad valorem property taxes on the Debtor's real property, which were due on 01/01/2020. Claim amount stated includes penalty and interest added to the account through June 2020.

Debtor New York Hospitality, JV

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral.

*Column B*  
**Value of collateral that supports this claim**

<div style="background-color: black; color: white; padding: 2px; text-align: center; width: 30px;">2.4</div>	<b>Creditor's name</b> <u>Travis County Tax Office</u>  <b>Creditor's mailing address</b> <u>P.O. Box 149328</u>  <u>Austin TX 78714-9328</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> <u>01/01/2020</u>  <b>Last 4 digits of account number</b> <u>0 0 0 0</u>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	<b>Describe debtor's property that is subject to a lien</b> <u>4220 S Interstate Hwy 35, Austin, Texas 78745</u>  <b>Describe the lien</b> <u>Property Taxes / Statutory Lien</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$46,114.62</u>	<u>\$5,240,000.00</u>
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**Estimated ad valorem property taxes for 2020 on the Debtor's real property. Not due and payable until 01/31/2021**

Debtor New York Hospitality, JV Case number (if known) \_\_\_\_\_

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
<u>Access Point Financial, LLC</u>	Line <u>2.1</u>	_____
<u>Attn: Dilip Petigara</u>		
<u>1 Ravinia Drive, Ste. 900</u>		
<u>Atlanta</u> <u>GA</u> <u>30346</u>		
<u>HDDA, LLC</u>	Line <u>2.1</u>	_____
<u>350 Park Avenue, 16th Floor</u>		
<u>New York</u> <u>NY</u> <u>10022</u>		
<u>Parikh, Piyush</u>	Line <u>2.1</u>	_____
<u>2 Scenic Way</u>		
<u>Monroe</u> <u>NJ</u> <u>08831</u>		
<u>Parikh, Shobhna</u>	Line <u>2.1</u>	_____
<u>2 Scenic Way</u>		
<u>Monroe</u> <u>NJ</u> <u>08831</u>		
<u>Parikh, Sumay</u>	Line <u>2.1</u>	_____
<u>2 Scenic Way</u>		
<u>Monroe</u> <u>NJ</u> <u>08831</u>		
<u>Travis County Tax Assessor/Collector</u>	Line <u>2.4</u>	_____
<u>5501 Airport Blvd.</u>		
<u>Austin</u> <u>TX</u> <u>78751-1410</u>		



Debtor New York Hospitality, JV Case number (if known) \_\_\_\_\_

**Part 2:** List Others to Be Notified for a Debt Already Listed in Part 1 -- Continuation Page

Name and address

On which line in Part 1  
did you enter the  
related creditor?

Last 4 digits of  
account number  
for this entity

Travis County Tax Assessor/Collector

Line 2.3

5501 Airport Blvd.

Austin

TX

78751-1410

**Fill in this information to identify the case:**

Debtor New York Hospitality, JV

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

**2.1** Priority creditor's name and mailing address

Texas Comptroller of Public Accounts

Revenue Accounting Div - Bankr Section

P.O. Box 13528 Capitol Station

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

\$23,055.00 \$23,055.00

Austin TX 78711-3528

Basis for the claim:

Sales taxes

Date or dates debt was incurred

Feb. 2020 - present

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account

number 4 0 8 5

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 8 )

**2.2** Priority creditor's name and mailing address

Texas Comptroller of Public Accounts

Revenue Accounting Div - Bankr Section

P.O. Box 13528 Capitol Station

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

\$101,610.00 \$101,610.00

Austin TX 78711-3528

Basis for the claim:

Hotel occupancy taxes

Date or dates debt was incurred

July 2019 - present

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account

number 0 4 2 4

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 8 )

Debtor New York Hospitality, JV Case number (if known) \_\_\_\_\_

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.1</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Aramark - Linen</u> <u>P.O. Box 731676</u> <u>Dallas, TX, 75373</u>   	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods and services provided</u>  	<u>\$1,200.00</u>
	Date or dates debt was incurred <u>May 2020 - present</u> Last 4 digits of account number <u>5 1 0 5</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.2</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Austin Energy</u> <u>721 Barton Springs Rd</u>   	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utility service</u>  	<u>\$50,000.00</u>
	Date or dates debt was incurred <u>Dec. 2019 - present</u> Last 4 digits of account number <u>0 0 0 0</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.3</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Clec Distribution LLC</u> <u>1626 Tradewinds Dr.</u>   	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods provided</u>  	<u>\$5,020.00</u>
	Date or dates debt was incurred <u>March 2020 - present</u> Last 4 digits of account number <u>r y e r</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.4</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Forward Financing LLC</u> <u>c/o Lauren Hatch, Counsel</u> <u>100 Summer St., Suite #1175</u>   	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Settlement Agreement</u>  	<u>\$37,310.75</u>
	Date or dates debt was incurred <u>12/23/19</u> Last 4 digits of account number <u>    </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor New York Hospitality, JV Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.5</b>	Nonpriority creditor's name and mailing address  <u>Gotham Insurance Co.</u> <u>59 Maiden Lane, 27th Floor</u>  <u>New York</u> <u>NY</u> <u>10038-4647</u> Date or dates debt was incurred <u>June 2020</u> Last 4 digits of account number <u>2</u> <u>9</u> <u>4</u> <u>8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance coverage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,434.13</u>
<b>3.6</b>	Nonpriority creditor's name and mailing address  <u>HD Supply</u> <u>P.O. Box 9001030</u>  <u>Louisville</u> <u>KY</u> <u>40290</u> Date or dates debt was incurred <u>April 2020 - present</u> Last 4 digits of account number <u>4</u> <u>3</u> <u>5</u> <u>8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500.00</u>
<b>3.7</b>	Nonpriority creditor's name and mailing address  <u>Internal Revenue Service</u> <u>Centralized Insolvency Operations</u> <u>P.O. Box 7346</u>  <u>Philadelphia</u> <u>PA</u> <u>19101-7346</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<b>3.8</b>	Nonpriority creditor's name and mailing address  <u>Spectrum Business - TV</u> <u>P.O. Box 60074</u>  <u>City of Industry</u> <u>CA</u> <u>91716</u> Date or dates debt was incurred <u>Jan. 2020 - present</u> Last 4 digits of account number <u>6</u> <u>9</u> <u>0</u> <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,000.00</u>

Debtor New York Hospitality, JV Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.9</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Spectrum Business Internet</u> <u>P.O. Box 60074</u>  <u>City of Industry</u> <u>CA</u> <u>91716</u> <u>Date or dates debt was incurred</u> <u>May 2020 - present</u> <u>Last 4 digits of account number</u> <u>2</u> <u>0</u> <u>7</u> <u>0</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services provided</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500.00</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.10</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Texas Gas Service</u> <u>P.O. Box 219913</u>  <u>Kansas City</u> <u>MO</u> <u>64121</u> <u>Date or dates debt was incurred</u> <u>June-July 2020</u> <u>Last 4 digits of account number</u> <u>6</u> <u>7</u> <u>8</u> <u>4</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utility service</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$300.00</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.11</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Texas Laundry Service Co</u> <u>3750 Red Bluff Road</u>  <u>Pasadena</u> <u>TX</u> <u>77503</u> <u>Date or dates debt was incurred</u> <u>June 2020</u> <u>Last 4 digits of account number</u> <u>o</u> <u>u</u> <u>t</u> <u>h</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services provided</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,000.00</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.12</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Texas Workforce Commission</u> <u>TWC Building - Regulatory Integrity Div.</u> <u>101 East 15th Street</u>  <u>Austin</u> <u>TX</u> <u>78778</u> <u>Date or dates debt was incurred</u> _____ <u>Last 4 digits of account number</u> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice Only</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor New York Hospitality, JV Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.13</div> Nonpriority creditor's name and mailing address  <u>The Mercantile Bank</u> <u>222 Georgia St.</u> <u>P.O. Box 509</u>  <u>Louisiana</u> <u>MO</u> <u>63353</u>  Date or dates debt was incurred <u>4-29-2020</u>  Last 4 digits of account number <u>3</u> <u>6</u> <u>1</u> <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Money loaned</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
--	---	---------------

PPP Loan of \$33,808.00 funded by The Mercantile Bank, guaranteed by the SBA. The SBA filed a UCC, but Debtor believes the loan is unsecured. Debtor also believes that all requirements for 100% forgiveness of the loan have been met, therefore the claim is scheduled as contingent at \$0.00.

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.14</div> Nonpriority creditor's name and mailing address  <u>Waste Management</u> <u>as Payment Agent</u> <u>P.O. Box 660345</u>  <u>Dallas</u> <u>TX</u> <u>75266</u>  Date or dates debt was incurred <u>June-July 2020</u>  Last 4 digits of account number <u>3</u> <u>0</u> <u>0</u> <u>9</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Services provided</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$494.00</u>
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Debtor New York Hospitality, JV Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<u>City of Austin</u> <u>Financial Controller's Office</u> <u>P.O. Box 2920</u>  <u>Austin TX 78768</u>	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain:	____ ____ ____ ____
4.2	<u>City of Austin Law Department</u> <u>PO Box 1088</u>  <u>Austin TX 78767-1088</u>	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain:	____ ____ ____ ____
4.3	<u>City of Austin Utilities--Pmt Processing</u> <u>P.O. Box 2267</u>  <u>Austin TX 78783-2267</u>	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain:	<u>0 0 0 0</u>
4.4	<u>Corporation Service Company</u> <u>as Representative</u> <u>P.O. Box 2576</u>  <u>Springfield IL 62708</u> UCC filed for unknown principal.	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	____ ____ ____ ____
4.5	<u>Northwin Agency, LLC</u> <u>One Blue Hill Plaza</u> <u>P.O. Box 1689</u>  <u>Pearl River NY 10965</u>	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain:	<u>2 9 4 8</u>
4.6	<u>Parikh, Piyush</u> <u>2 Scenic Way</u>  <u>Monroe NJ 08831</u>	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain:	____ ____ ____ ____

Debtor New York Hospitality, JV Case number (if known) \_\_\_\_\_

**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.7	<u>Parikh, Piyush</u> <u>2 Scenic Way</u>  <u>Monroe NJ 08831</u>	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain:	____ _ ____ _
4.8	<u>U.S. Small Business Administration</u> <u>10737 Gateway West, #300</u>  <u>El Paso TX 79935</u>	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain:	<u>7</u> <u>2</u> <u>0</u> <u>2</u>
4.9	<u>U.S. Small Business Administration</u> <u>Little Rock Commercial Loan Svc'g Ctr.</u> <u>2120 Riverfront Drive, Suite 100</u>  <u>Little Rock AR 72202</u>	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain:	____ _ ____ _



Debtor New York Hospitality, JV Case number (if known) \_\_\_\_\_

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$124,665.00

5b. Total claims from Part 2 5b. + \$126,758.88

5c. Total of Parts 1 and 2 5c. \$251,423.88  
Lines 5a + 5b = 5c.

**Fill in this information to identify the case:**

Debtor name New York Hospitality, JV

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known) \_\_\_\_\_ Chapter 11

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

<b>2.1</b>	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	<b>Hotel franchise agreement Contract to be ASSUMED</b>	<b>Days Inn Worldwide, Inc.</b>
	<b>State the term remaining</b>	_____	_____
	<b>List the contract number of any government contract</b>	_____	_____
		<b>Parsippany</b>	<b>NJ 07054-0278</b>

**Fill in this information to identify the case:**

Debtor name New York Hospitality, JV

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

**Column 1: Codebtor**

**Column 2: Creditor**

*Check all schedules that apply:*

Name	Mailing address	Name	
<b>2.1 Parikh, Sumay</b>	<b>2 Scenic Way</b> Number Street	<b>Forward Financing LLC</b>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	<b>Monroe</b> <b>NJ</b> <b>08831</b> City State ZIP Code		
<b>2.2 Parikh, Sumay</b>	<b>2 Scenic Way</b> Number Street	<b>OnDeck Capital, Inc.</b>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<b>Monroe</b> <b>NJ</b> <b>08831</b> City State ZIP Code		
<b>2.3 Piyush Parikh</b>	<b>2 Scenic Way</b> Number Street	<b>HDAA - Austin, LLC</b>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<b>Monroe</b> <b>NJ</b> <b>08831</b> City State ZIP Code		
<b>2.4 Piyush Parikh</b>	<b>2 Monroe Way</b> Number Street	<b>Days Inn Worldwide, Inc.</b>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
	<b>NJ</b> City State ZIP Code		

Debtor New York Hospitality, JV Case number (if known) \_\_\_\_\_

### Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Check all schedules that apply:

Name	Mailing address	Name	
2.5 Piyush Parikh	<div>Number Street</div> <div>City State ZIP Code</div>	Texas Comptroller of Public Accounts	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.6 Shobhna Parikh	<div>Number Street</div> <div>City State ZIP Code</div>	Texas Comptroller of Public Accounts	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.7 Shobna Parikh	<div>2 Scenic Way</div> <div>Number Street</div> <div>Monroe NJ 08831</div> <div>City State ZIP Code</div>	HDDA - Austin, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8 Sumay Parikh	<div>2 Scenic Way</div> <div>Number Street</div> <div>Monroe NJ 08831</div> <div>City State ZIP Code</div>	HDDA - Austin, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9 Sumay Parikh	<div>Number Street</div> <div>City State ZIP Code</div>	Texas Comptroller of Public Accounts	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:**

Debtor Name New York Hospitality, JV

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)

**1a. Real property:**

Copy line 88 from Schedule A/B..... **\$5,240,000.00**

**1b. Total personal property:**

Copy line 91A from Schedule A/B..... **\$353,280.40**

**1c. Total of all property**

Copy line 92 from Schedule A/B..... **\$5,593,280.40**

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... **\$2,900,237.14**

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F..... **\$124,665.00**

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... **+ \$126,758.88**

**4. Total liabilities**

Lines 2 + 3a + 3b..... **\$3,151,661.02**

**Fill in this information to identify the case and this filing:**

Debtor Name New York Hospitality, JV

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number \_\_\_\_\_  
(if known)

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/06/2020  
MM / DD / YYYY

**X /s/ Piyush Parikh**  
Signature of individual signing on behalf of debtor

**Piyush Parikh**  
Printed name  
**Its General Partner**  
Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name New York Hospitality, JV

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claims resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Texas Comptroller of Public Accounts Revenue Accounting Div - Bankr Section P.O. Box 13528 Capitol Station		Hotel occupancy taxes				\$101,610.00
2	Austin Energy 721 Barton Springs Rd Austin TX 78704-1194		Utility service				\$50,000.00
3	Forward Financing LLC c/o Lauren Hatch, Counsel 100 Summer St., Suite # 1175 Boston, MA 02110		Settlement Agreement				\$37,310.75
4	Texas Comptroller of Public Accounts Revenue Accounting Div - Bankr Section P.O. Box 13528 Capitol Station		Sales taxes				\$23,055.00
5	Texas Laundry Service Co 3750 Red Bluff Road Pasadena, TX 77503		Services provided				\$15,000.00

Debtor **New York Hospitality, JV** Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
6	Spectrum Business - TV P.O. Box 60074 City of Industry, CA 91716		Services provided				\$10,000.00
7	Clec Distribution LLC 1626 Tradewinds Dr. Gulf Breeze, FL 32563		Goods provided				\$5,020.00
8	Gotham Insurance Co. 59 Maiden Lane, 27th Floor New York, NY 10038-4647		Insurance coverage				\$4,434.13
9	Spectrum Business Internet P.O. Box 60074 City of Industry, CA 91716		Services provided				\$1,500.00
10	HD Supply P.O. Box 9001030 Louisville, KY 40290		Goods provided				\$1,500.00
11	Aramark - Linen P.O. Box 731676 Dallas, TX, 75373		Goods and services provided				\$1,200.00
12	Waste Management as Payment Agent P.O. Box 660345 Dallas, TX 75266		Services provided				\$494.00
13	Texas Gas Service P.O. Box 219913 Kansas City, MO 64121		Utility service				\$300.00



Debtor **New York Hospitality, JV** Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
14	The Mercantile Bank 222 Georgia St. P.O. Box 509 Louisiana, MO 63353		Money loaned	Contingent			\$0.00
15	Texas Workforce Commission TWC Building - Regulatory Integrity Div. 101 East 15th Street Austin, TX 78778		Notice Only				\$0.00
16	Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346		Notice Only				\$0.00

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
AUSTIN DIVISION**

IN RE: **New York Hospitality, JV**

CASE NO

CHAPTER **11**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 7/6/2020

Signature /s/ Piyush Parikh  
Piyush Parikh  
Its General Partner

Date \_\_\_\_\_

Signature \_\_\_\_\_

Access Point Financial, LLC  
Attn: Dilip Petigara  
1 Ravinia Drive, Ste. 900  
Atlanta, GA 30346

Aramark - Linen  
P.O. Box 731676  
Dallas, TX, 75373

Austin Energy  
721 Barton Springs Rd  
Austin TX 78704-1194

City of Austin  
Financial Controller's Office  
P.O. Box 2920  
Austin, TX 78768

City of Austin Law Department  
PO Box 1088  
Austin TX 78767-1088

City of Austin Utilities--Pmt Processing  
P.O. Box 2267  
Austin, TX 78783-2267

Clec Distribution LLC  
1626 Tradewinds Dr.  
Gulf Breeze, FL 32563

Corporation Service Company  
as Representative  
P.O. Box 2576  
Springfield, IL 62708

Forward Financing LLC  
c/o Lauren Hatch, Counsel  
100 Summer St., Suite #1175  
Boston, MA 02110

HD Supply  
P.O. Box 9001030  
Louisville, KY 40290

HDDA - Austin, LLC  
350 Park Avenue, 16th Floor  
New York, NY 10022

HDDA, LLC  
350 Park Avenue, 16th Floor  
New York, NY 10022

Internal Revenue Service  
Centralized Insolvency Operations  
P.O. Box 7346  
Philadelphia, PA 19101-7346

OnDeck Capital, Inc.  
1400 Broadway  
New York City, NY 10018

Parikh, Piyush  
2 Scenic Way  
Monroe, NJ 08831

Parikh, Shobhna  
2 Scenic Way  
Monroe, NJ 08831

Parikh, Sumay  
2 Scenic Way  
Monroe, NJ 08831

Spectrum Business - TV  
P.O. Box 60074  
City of Industry, CA 91716

Spectrum BusinessI Internet  
P.O. Box 60074  
City of Industry, CA 91716

Texas Comptroller of Public Accounts  
Revenue Accounting Div - Bankr Section  
P.O. Box 13528 Capitol Station  
Austin, TX 78711-3528

Texas Gas Service  
P.O. Box 219913  
Kansas City, MO 64121

Texas Laundry Service Co  
3750 Red Bluff Road  
Pasadena, TX 77503

Texas Workforce Commission  
TWC Building - Regulatory Integrity Div.  
101 East 15th Street  
Austin, TX 78778

The Mercantile Bank  
222 Georgia St.  
P.O. Box 509  
Louisiana, MO 63353

Travis County Tax Assessor/Collector  
5501 Airport Blvd.  
Austin, TX 78751-1410

Travis County Tax Office  
PO Box 149328  
Austin TX 78714-9328

Travis County Tax Office  
P.O. Box 149328  
Austin, TX 78714-9328

U.S. Small Business Administration  
Little Rock Commercial Loan Svc'g Ctr.  
2120 Riverfront Drive, Suite 100  
Little Rock, AR 72202

U.S. Small Business Administration  
10737 Gateway West, #300  
El Paso, TX 79935

Waste Management  
as Payment Agent  
P.O. Box 660345  
Dallas, TX 75266